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\*\* CONTINUING DATA \*\*\*\*\* *ml* *m*

This appln claims benefit of 60/458,048 03/27/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none* *n*

F REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 06/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS <i>14</i>	INDEPENDENT CLAIMS <i>12</i>
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials <i>ml</i>				

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## TITLE

MRI imaging with a PERL field

FILING FEE  RECEIVED 536	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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